



City and Royal Burgh of Dunfermline

ANNUAL REPORT

ON THE

HEALTH AND WELFARE
OF DUNFERMLINE

FOR THE YEAR

1960



*With the
Medical Officer of Health's
Compliments.*

*Health Department,
Dunfermline.*

1.

CITY AND ROYAL BURGH OF DUNFERMLINE

A N N U A L R E P O R T

ON THE

H E A L T H O F D U N F E R M L I N E

FOR THE YEAR

1960

by

R O B E R T M . W I N K ,

B.Sc., M.B., Ch.B., D.P.H.,

Medical Officer of Health

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STAFFHEALTH DEPARTMENT

C. BARCLAY REEKIE, M.B., Ch.B., D.P.H., J.P., Medical Officer of Health; Medical Superintendent, Milesmark Hospital; and Medical Superintendent, Bandrum Children's Home. (retired 30: 6:60).

ROBERT M. WINK, B.Sc., M.B., Ch.B., D.P.H., Depute Medical Officer of Health; Medical Officer, Milesmark Hospital. (appointed Medical Officer of Health 1: 7:60).

DAVID M. CATHIE, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health; Assistant Medical Officer, Milesmark Hospital.

F. MARGARET ADDLY, L.R.C.P., L.R.C.S., L.R.F.P. and S.G., D.P.H., Assistant Medical Officer of Health; Assistant Medical Officer, Milesmark Hospital.

EDITH M. McLEAN, M.B., Ch.B., D.P.H., D. Obst. R.C.O.G., Temporary Assistant Medical Officer of Health; Temporary Assistant Medical Officer, Milesmark Hospital. (appointed 25: 7:60; resigned 3:12:60).

CONSULTANTS

ROBERT I. STIRLING, M.B., Ch.B., F.R.C.S., - Orthopaedic Clinic.

R.B. LUMSDEN, M.B., Ch.B., F.R.C.S., - Ear, Nose and Throat Clinic.

C.R. DUNCAN LEEDS, M.B., Ch.B., F.R.C.S., D.O.M.S., - Eye Clinic.

WILLIAM GEORGE MERRIMAN, M.B., Ch.B., D.O.M.S., - Eye Clinic.

W. RUSSELL LOGAN, O.B.E., L.R.C.P. and S., H.D.D., F.D.S., R.C.S., Ed.

DENTAL STAFF

Miss MADELEINE G. LESLIE, L.D.S., R.C.S., - Dental Officer.

PHYSIOTHERAPIST

Miss ELIZABETH S. STODDART, M.C.S.P., (resigned 27: 8:60).

Miss MAIRI P. McMILLAN, M.C.S.P., (appointed 14:11:60).

SPEECH THERAPIST

Miss N. WOOD.

HEALTH/

STAFF - HEALTH DEPARTMENT - (Continued).HEALTH VISITORS

Miss C. JOHNSTON,
Senior Health Visitor
Miss M.C. HOOD.
Miss L. ROBERTSON.
Miss B.L. CRICHTON.
Miss A. S. MOIR.
Miss H.L. Paterson
Miss L. STONELEY,
(retired 15: 3:60)
Miss E. McKEE.
Miss S. YOUNG.
Miss B.B. KNOX.

Miss M.M. DUNSIRE.
Mrs. P. DEMPSEY, née CHALLACOMBE,
(resigned 31: 7:60).
Miss A.P. MITCHELL.
Mrs. H. RUSSELL. (part-time)
Miss J. CUTHILL.
(appointed 25: 7:60).
Mrs. A. HOCKADAY. (part-time)
(appointed 14:11:60).
Miss H. ROBERTSON,
(appointed 16:12:60).
Miss G.M. COWAN,
(retired 12:10:60).

The above-named are trained nurses and with one exception hold the Health Visitor's Certificate.

HOME NURSING AND DOMICILIARY MIDWIFERY STAFFDunfermline

Miss M.E. DICKSON.
(resigned 26: 9:60)
Miss J. MacGREGOR.
Mrs. S. SLATER, S.C.M.

Miss I. MAIN.
Miss C. KINNINMONTH.
Miss W.B. DUNCAN.
(resigned 4:12:60)

Part-time.

Mrs. BUCHANAN, R.G.N.

Rosyth

Miss I.W. SINCLAIR.

Miss J.R.G. BROWN.

Part-time Domiciliary Midwives.

Mrs. L. BEVERIDGE.

Mrs. E. COX.

The above-named have S.C.M. Certificate only.

DOMESTIC HELP SERVICE

Mrs. I. FISHLEY, Supervisor.

DAY NURSERIES

Miss I. FISHER, R.G.N., S.C.M., Matron,

Broomhead and Rosyth Nurseries.

CLERICAL STAFF

Miss J.G. ERSKINE,
Administrative Assistant.
Miss M.C. McLAREN.
Mrs. S. PRENTICE.
Miss C. CARSTAIRS.
Miss A. MITCHELL.
(resigned 31: 5:60).
Miss S. GILLESPIE.
(appointed 30: 3:60).
Miss S. WHYTE.
(appointed 24:10:60).

Miss F. AITKEN.
Miss I. KIMBER.
Miss P. KING.
(resigned 9: 4:60).
Miss C. GIBBONS.
(resigned 6: 8:60).
Miss E. WILLIAMSON.
(resigned 30:12:60).
Miss R. KAY.
(appointed 1: 6:60).

MENTAL/

MENTAL HEALTH SERVICE.

JOHN G. GILMOUR, M.B., Ch.B., Certifying Officer.
 GEORGE I. HENDRY, M.B., Ch.B., Certifying Officer.
 BERTRAM FINNIE, Authorised Officer.
 GEORGE K. PLUMMER, Authorised Officer.

SOCIAL SERVICES DEPARTMENT.

GEORGE K. PLUMMER, F.I.S.W., Social Services Officer.
 BERTRAM FINNIE, First Assistant.
 Miss ANNE HARPER, Second Assistant.
 GEORGE J. ALLAN, Third Assistant.
 Miss AGNES OLIPHANT, Shorthand Typist/Clerkess.
 Miss MARION THOMSON, Shorthand Typist/Clerkess.

RESIDENTIAL HOMES.

Miss ELIZABETH BEATTIE, Matron, Davaar.
 Miss JEAN SHARP, Matron, Garvock House.
 HENRY T.M. WALLACE and Mrs. MARY WALLACE, Superintendent and
 Matron, Luscar.
 WILLIAM A. MACASKILL and Mrs. CRISSY F. MACASKILL,
 Superintendent and Matron, Garthdee.

To the Provost, Magistrates and Councillors of the City and Royal Burgh of Dunfermline, and to the Department of Health for Scotland.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health and Welfare of Dunfermline for the year 1960.

It was in June, 1960 that Dr. C. Barclay Reekie, J.P., retired, having been appointed Dunfermline's first full-time Medical Officer of Health in May, 1926, and I welcome this opportunity of paying tribute to his outstanding record of service to the citizens of Dunfermline.

When Dr. Reekie first took up office, the only health officers working in the district were the sanitary inspector and his assistant and one health visitor. From this humble origin, with his unsurpassed administrative and personal qualities he built up the health department of to-day, and was responsible for establishing the many services which it now operates to safe guard the health of the community. An achievement of which he can be justly proud.

It will be my earnest endeavour to maintain the high standard set by Dr. Reekie.

In many respects 1960 has been an outstanding year for Dunfermline from the community health aspect. With no maternal deaths, and one of the highest birth rates ever, the infantile mortality rate is the lowest yet recorded.

The incidence of infective diseases showed a dramatic decline and the number of notifiable infectious diseases including all forms of tuberculosis is the lowest ever recorded in Dunfermline. There were no epidemics, no diphtheria for the thirteenth consecutive year and no cases of poliomyelitis for the second consecutive year.

Notifications of pulmonary tuberculosis reached an all time low, and the death-rate from this condition was at the incredibly low figure of 0.02.

Less/

8.

Less encouraging, however, is the fact that there were 11 fatal home accidents, the same figure as last year and most disturbing of all an increase in the number of deaths from lung cancer. There were 22 deaths attributable to this condition, four more than last year. This tragically reflects the national trend in a condition which is now causing world wide concern.

It gives me much pleasure to record my thanks to the Provost, Conveners of the Health Committee, members of the Town Council, and fellow officials of other departments for their interest, consideration and help in the work of the Health Department throughout the year.

To the members of the Health Department staff, I would convey my sincere appreciation and grateful thanks for all their work and loyalty.

I am,
Your obedient Servant,

ROBERT M. WINK,

Medical Officer of Health.

Health Department,
Carnegie Clinic,
Pilmuir Street,
DUNFERMLINE.

31st October, 1961.

SUMMARY OF VITAL STATISTICS

The following is a summary of the principal statistics for the years, 1955, 1956, 1957, 1958, 1959 and 1960.-

	1955	1956	1957	1958	1959	1960
Population... ..	45,193	45,654	46,270	46,200	48,768	47,438
Number of Deaths (corrected) ...	496	478	479	490	524	540
Death-rate per 1000 population (corrected and adjusted for age and sex distribution)	11.9	11.3	11.2	11.4	12.1	12.3
Deaths of infants under 1 year ...	22	24	23	26	29	21
Infantile mortality rate per 1000 live births	29	30	28	31	33	23
Deaths of infants under 4 weeks ...	16	18	14	16	25	14
Neo-natal mortality rate per 1000 live births	21	22	17	19	28	15
Number of deaths from pulmonary tuberculosis	6	2	1	2	2	1
Number of deaths from tuberculosis (all forms)	7	4	1	2	2	1
Death-rate per 1000 population from pulmonary tuberculosis	0.13	0.04	0.02	0.04	0.04	0.02
Death-rate per 1000 population from all forms of tuberculosis	0.15	0.09	0.02	0.04	0.04	0.02
Death-rate per 1000 population from the principal epidemic diseases	0.02	0.0	0.13	0.02	0.06	0.04
Marriage-rate per 1000 population	10.2	9.7	8.9	8.5	9.8	8.6
Number of live births registered (corrected) ...	768	809	834	847	890	913
Number of still- births registered (corrected) ...	21	19	17	22	16	21
Live birth-rate per 1000 population	17.0	17.7	18.0	18.3	19.0	19.2
Illegitimate births per 100 live births	3.6	4.7	3.7	4.3	3.4	3.9
Maternal mortality rate (maternal deaths per 1000 live and still-births) ...	0.0	0.0	1.2	1.15	0.0	0.0

VITAL/

VITAL STATISTICS

Population. The population as estimated by the Registrar General to 30th June, 1960 was 47,438, being an increase of 670 over the figure for 1959.

It is of interest to compare the figures with those of previous years:-

1926-1930	Average Population	38,202
1931-1935	do	35,858
1936-1940	do	36,939
1941-1945	do	40,659
1946-1950	do	45,069
1951-1955	do	45,163
1956	Population	45,654
1957	do	46,270
1958	do	46,200
1959	do	46,768
1960	do	47,438

Births. The live births registered after correction for transfers were 913, equivalent to a birth-rate of 19.2 per thousand of population as compared with 19.0 in the preceding year. The rate for Scotland in 1960 was 19.4 and for the large burghs 20.6.

Details of how the birth-rate has altered since 1926 are as follows:-

1926-1930	Average Birth-rate	16.9
1931-1935	do	16.3
1936-1940	do	15.8
1941-1945	do	18.2
1946-1950	do	18.3
1951-1955	do	16.2
1956	Birth-rate	17.7
1957	do	18.0
1958	do	18.3
1959	do	19.0
1960	do	19.2

The number of still-births registered after correction for transfers during the year was 21, giving a rate of 22 per thousand total births, this rate being identical with that for Scotland and also the large burghs. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births are as follows:-

Still-births/

					Still-births	Rate per thousand total births.
1941-1945	Average	...	...		26	31
1946-1950	do	...	...		25	29
1951-1955	do	...	...		21	28
1956	...	...	...	...	19	23
1957	...	...	...	...	17	20
1958	...	...	...	...	22	25
1959	...	...	...	...	16	18
1960	...	...	...	...	21	22

Deaths. The deaths registered after correction for transfers were 540, which is equivalent to a death-rate of 11.4 per thousand population.

The following table shows the deaths according to age and sex.-

Deaths	Under	1	5	10	15	25	35	45	55	65	75	85 &	
All	1	-	-	-	-	-	-	-	-	-	-	-	
Causes	year	4	9	14	24	34	44	54	64	74	84	over	Total
Males	12	-	1	-	7	1	6	23	69	88	55	14	276
Females	9	1	1	-	2	2	3	18	36	64	88	40	264
Totals	21	1	2	-	9	3	9	41	105	152	143	54	540

The death-rate (adjusted for age and sex distribution) was 12.3. The figure of 11.4 compares with 11.9 for Scotland and 11.2 for the large burghs. The following are the figures for preceding years (adjusted for age and sex distribution).-

1926-1930	Average	Death-rate	12.2
1931-1935	do		12.3
1936-1940	do		12.6
1941-1945	do		11.8
1946-1950	do		11.4
1951-1955	do		11.3
1956	Death-rate		11.3
1957	do		11.2
1958	do		11.4
1959	do		12.1
1960	do		12.3

Deaths from Infectious Diseases. There were only 2 deaths from the principal epidemic diseases, both being due to meningococcal infections.

Deaths from Cancer. The deaths from malignant disease were 89, which is equivalent to a death-rate of 1.87 per thousand population as compared with 1.94 for the previous year. The/

The following are the death-rates from cancer for a number of years. -

1931-1935	Average	1.48
1936-1940	do	1.38
1941-1945	do	1.49
1946-1950	do	1.65
1951-1955	do	1.63
1956	Rate	1.77
1957	do	1.70
1958	do	1.53
1959	do	1.94
1960	do	1.87

PERCENTAGE DISTRIBUTION OF EXPENDITURE

Relative costs of Health Services 1959-1960, shown as percentage of total Net Expenditure of £54,807.

Care of Mothers and Young Children	37.5%
Domiciliary Midwifery	5.0%
Home Nursing	12.0%
Health Visiting... ..	15.1%
Domestic Help	11.5%
Vaccination and Immunisation	6.3%
Prevention of Illness, Care and After-Care	2.4%
Mental Health	8.0%
Other Health Services..	2.2%

The relatively high figure for Care of Mothers and Young Children is partly explained by the high running costs of the Day-time Nurseries.

Although the Burgh expenditure on Prevention of Illness, Care and After-Care appears low it is claimed that the Health Visiting and Home Nursing Services contribute in no small way to this service.

Subject to these observations, I consider that the relative percentage costs of the various local authority health services appear appropriate.

CARE/

CARE OF MOTHERS AND YOUNG CHILDREN

Maternal Mortality. The maternal mortality rate was nil, there being no deaths recorded from causes related to pregnancy and child birth for the second year in succession.

Infantile Mortality. During 1960 there were 21 deaths among children under 1 year of age as compared with 29 deaths in 1959. The infant mortality rate for the year was 23 per 1000 live births which compares with the rate of 26 for Scotland as a whole and 28 for the large burghs during the same period.

The figures for previous years so far as they are available are as follows.-

1916-1920	Average Infantile Mortality Rate	85
1921-1925	do	79
1926-1930	do	67
1931-1935	do	58
1936-1940	do	59
1941-1945	do	57
1946-1950	do	42
1951-1955	do	30
1956	Infantile Mortality Rate	30
1957	do	28
1958	do	31
1959	do	33
1960	do	23

Of the 21 deaths recorded in 1960 a detailed study shows that 14 (66.6 per cent.) were during the neo-natal period, that is during the first four weeks of life and that 8 of these occurred within 24 hours of birth. The remaining 7 infantile deaths were in infants between 1 month and 9 months of age.

Causes of Death.

<u>Neo-natal</u>			<u>1 month - 9 months</u>	
Prematurity	6	Congenital malformations ...	2	
Pulmonary hyaline membrane	3	Nephrogenic diabetes insipidus	2	
Congenital malformations	2	Meningococcal septicaemia...	1	
Acute gastro-enteritis	1	Acute laryngo-trachea bronchitis	1	
Asphyxia, inhalation of meconium... ..	1	Motor accident	1	
Foetal exanguination...	1			

The peri-natal rate, which gives a more accurate indication of the mortality associated with birth and consists of the combined still-births and neo-natal death rates per 1000 total births, was 37.

Throughout/

Throughout the years the reduction of the infantile mortality in Dunfermline has been dramatic and like many things in community life it cannot be ascribed to any one cause. Among the many factors that may be mentioned are better nutrition of the mother, better ante-natal care and midwifery, better housing and standards of living, the provision of welfare foods, the increased control over infectious diseases, and the child welfare system of home visitation and clinics which by health education and supervision of the individual has played no small part.

Expectant Mothers. Health visitors ascertain expectant mothers in the course of visits to the homes for other purposes and from the registration lists for poliomyelitis vaccination. They satisfy themselves that adequate arrangements have been made for care and supervision and give advice and training in mothercraft.

Eighty per cent. of the births occurring in Dunfermline in 1960 took place in the Maternity Hospital where the ante-natal and post-natal care was undertaken by the Consultant Obstetricians and their staff.

Ante-natal and Post-natal Clinics. (a) Dunfermline Maternity Hospital.-

The ante-natal department of the hospital held 7 clinic sessions per week throughout the year. Seven hundred and sixty-four women made 7,165 attendances showing an increase of 80 over the figure for 1959 in the number of women attending and an increase of 765 in the total number of attendances. At the post-natal clinic 565 women made 660 attendances showing a decrease of 74 women and a decrease of 111 attendances compared with the 1959 figures.

(b) District Nurses' Ante-natal Clinics.

The district nursing sisters hold ante-natal sessions weekly at the Carnegie Clinic, Dunfermline and the Nurses' Home Rosyth for domiciliary confinement cases. During the year 180 women made 534 attendances, showing a decrease of

29 women and 33 attendances on the 1959 figures.

Child Welfare Clinics. There are seven child welfare clinics, at two of which, namely, Rosyth and Blacklaw, there are two clinics per week. Prior to this year only one weekly session was held at Blacklaw but the numbers attending this clinic have steadily increased and the provision of an extra session has been fully justified.

The following table shows the attendances during the year at each of the clinics.

		Baldrigeburn	Blacklaw	Inglis Street	Kingseat	Nethertown	Rosyth	Townhill	Totals
Age Groups									
Number of children attending the clinics for the first time in their lives who were then-	Under 1 year	96	235	156	7	87	228	51	860)
									)
									)1,080
									)
	Over 1 year	22	41	36	4	11	97	9	220)
Total no. of children who attended and who on the date of their first attendance were-	Under 1 year	176	371	239	13	139	359	89	1,386)
									)
									)
									)2,611
									)
	Over 1 year	129	409	167	21	112	304	83	1,225)
Total number of attendances by children-	Under 1 year	1,232	2,526	2,106	95	1,470	2,701	669	10,799)
									)16,031
	Over 1 year	462	1,489	752	167	558	1,262	542	5,232)

The total number of children attending the clinics shows an increase of 233 but the number of attendances made was 740 less than in 1959. This decrease in the number of attendances is largely due to the rapid growth of the Aberdour Road Housing Scheme where a large section of parents with young children now find themselves housed at a considerable distance from their nearest clinic at Blacklaw, a distance impeded by steep hills/

hills for pram pushing. This matter has been carefully considered and the position will no doubt improve when new clinic facilities are made available at the Community Centre which is being planned for this area. It is, however, estimated that 95 per cent. of children born in Dunfermline attended a clinic during their first year of life and further that 51 per cent. of all children under 5 years of age attended clinics during that age period.

An indication of the conditions for which advice was sought at the various clinics is shown in the following table:-

Anaemia	7	Ophthalmic defects	91
Circulatory system defects	2	Orthopaedic defects... ..	87
Congenital abnormalities	41	Parasitic intestinal	
Dental caries	5	conditions	4
Dermatological conditions	332	Prematurity	1
Ear, nose and throat		Reaction to vaccination	
defects	271	and inoculation	22
Gastro-intestinal		Respiratory infection ...	187
conditions.	114	Speech defects... ..	4
Icterus neonatorum ...	1	Surgical conditions... ..	23
Infectious diseases ...	4	Teething difficulties. ...	131
Injuries	24	Thrush	25
Mastitis	26	Umbilical hernia.	4
Mental deficiency. ...	1	Unhealed umbilicus	43
Neurological defects...	15	Urinary system defects ...	34
Nutritional defects ...	183		

During the year 664 prescriptions were issued at the clinics.

Welfare Foods. These are issued at the main centre at the Health Department, Carnegie Clinic, Pilmuir Street and at each of the child welfare clinics during their normal clinic sessions. Bulk stores are kept at the Health Department and smaller supplies are held at the respective child welfare clinics.

During the year the following welfare foods were distributed.-

National dried milk	11,734 tins
Cod liver oil	4,347 bottles
Vitamin tablets	2,716 packets
Orange juice	27,716 bottles

In addition the following proprietary foods were supplied at concession rates to expectant and nursing mothers and children under 5 years of age. -

7,229 packets of dried milk
3,892 vitamin preparations
1,937 packets of cereals
63 packets of other foods

Voluntary Workers. A number of ladies regularly give their services as voluntary workers at the child welfare clinics. Their help, particularly with regard to clerical work is of great assistance to the health visitors as it allows them more time to deal with the mothers and children.

It is hoped in the near future to arrange for the distribution of welfare foods at the clinics by the voluntary workers, a duty which at present is almost wholly undertaken by the health department clerical staff.

I take this opportunity of expressing my appreciation to the voluntary workers for their loyal and valuable service to the community.

During the year assistance was received from -

Mrs. Anderson	)	
Mrs. Armstrong	)	
Mrs. Lamerton	)	At Rosyth Clinic
Mrs. Rennie	)	

Mrs. McKey		At Inglis Street Clinic
------------	--	-------------------------

Miss B. Robertson)		
Mrs. Rutherford	)	At Nethertown Clinic
Mrs. Pattison	)	

Miss McCusker	)	
Miss Seabrook	)	At Blacklaw Clinic

Day Nurseries. The Town Council in December, 1960 decided to close the Day Nurseries at Broomhead and Rosyth as from the 16th May, 1961 on the grounds that their continuance was no longer justifiable on account of their decreasing occupancy rate and that their maintenance was resulting in a considerable financial deficit which had to be met from Public Funds.

The Rosyth Nursery did in fact close at the end of the year as the accommodation was urgently required by Messrs. Lyle & Scott Ltd., for the training of personnel for their new factory at Rosyth.

Broomhead and Rosyth Nurseries were opened in 1942 and provided full day-time care for children up to five years of age for five and a half days per week.

Priority/

Priority of admission was given to children whose mothers were in employment, ill or being confined, where there was illness in other members of the family or where there were behaviour or functional difficulties with the children themselves.

Both were approved training schools for the Nursery Nurses Certificate.

As was stated in the annual report for 1958, increasing costs made it necessary to raise the admission charges and with the introduction of the new scales, there was an exodus from the nurseries, from which time on the number of admissions steadily declined.

That declining use was being made of the nurseries can be seen from the following figures expressed as percentages of the full complement.-

1956 - 1957	...	...	65%
1957 - 1958	...	...	63%
1958 - 1959	...	...	45%
1959 - 1960	...	...	27%
16: 5:60 to 13: 8:60..			33%

With no nursery school provision by Fife Education Authority in the Burgh, the closure of the nurseries is regrettable, especially when new industries are coming to Dunfermline.

During 1960 the total number of attendances at the day nurseries was 8,594 and the total receipts £2,917: 7: 6d.

REGISTRATION OF NURSERIES AND CHILD MINDERS

No applications for registration were received during the year.

Treatment/

Treatment Clinics. The various school clinics also cater for pre-school children, and the number treated during the year is shown in the following table.

GENERAL CLINIC	Number of Cases	Number of Attendances
Ear, nose and throat... ..	73	79
Eye	3	4
Skin	49	150
Other conditions.. ...	128	160
Ultra-violet light treatment	24	472
Orthopaedic	214	989
Defective speech.. ...	25	325
Totals	516	2,179
DENTAL CLINIC	178	198

Specialist Clinics. The services of the Specialists conducting the Orthopaedic, Ear, Nose and Throat and Eye Clinics through the School Health Service, are also available to the children under school age.

During the year Mr. Robert I. Stirling, F.R.C.S., the Orthopaedic Consultant examined 52 children. Mr. R.B. Lumsden, F.R.C.S., the Ear, Nose and Throat Consultant examined 61 children, whilst Mr. C.R. Duncan Leeds, F.R.C.S., D.O.M.S and Mr. W. G. Merriman, M.B., Ch.B., D.O.M.S., the Consultant Ophthalmologists examined 26 children for the first time, re-examined 18, and arranged for 13 children to have glasses fitted.

The Specialist clinics are held at the Carnegie Clinic, Inglis Street at the following intervals - orthopaedic, monthly; ear, nose and throat, monthly; eye, weekly.

Dental Care. With only one School Dental Officer available, although there is an establishment for two, priority must be given to the needs of the school population but when possible pre-school children are dealt with and during 1960 178 pre-school cases made 198 attendances. Most young children as/

as with all expectant and nursing mothers are referred to dental practitioners of their own choice.

Routine Examination of Children (1-5 years of age).

These examinations, undertaken by the school medical officers, continued throughout the year the system adopted being similar to that pertaining to school medical inspection. Their purpose is the detection of defects at a time when they are most likely to be amenable to remedial treatment and is a valuable preventive measure in promoting the healthy school entrant.

Special sessions for these examinations are held at the various child welfare clinics, the parents being notified to attend with their children by an appointment system, approximately 20 children per session being called to attend. The scheme meets with a good response and during the year 108 sessions were held and 1,286 children examined. A total of 764 children were discovered to be suffering from some form of defect and appropriate treatment was initiated. The main defects found were those of the ear, nose, and throat (158 cases) and the skeletal system (225 cases) and of these, 55 cases were referred directly to the specialist concerned.

Nutritional defects accounted for 85 of the cases.

Prevention of Break-up of Families. The health visitor of to-day is a general purpose family visitor and, as such, she plays an important role in the early detection of the probable break-up of families. She is in a key position to give advice and obtain help from both the statutory and voluntary organisations.

No one department can deal with the hard core of problem families alone and to implement this need there is a Co-ordinating Committee comprising of the Town Clerk, Medical Officer of Health, Chief Sanitary Inspector, Housing Manager, Social Services Officer, Children's Officer and Mental Health Services Officer which meets at monthly intervals.

A scheme is in process of preparation for the stricter supervision of such families.

Children's/

Children's Homes. There are no residential nurseries provided by the Town Council under Section 22 of the National Health Service (Scotland) Act, 1947.

The Martha Frew Children's Home under the auspices of the Children's Department provides approximately 34 places for deprived children.

The medical supervision is undertaken by the Medical Officer of Health and the Health Department medical staff examine the children prior to admission and attend to their medical needs while resident.

Bandrum Children's Convalescent Home. By arrangement between Dunfermline Town Council and the South-Eastern Regional Hospital Board, the Medical Officer of Health acts as Medical Superintendent of this institution.

Children requiring a period of convalescence are admitted from the various hospitals serving the South-Eastern Scotland Region, from the child welfare and school clinics or by recommendation from their own family doctor.

At the beginning of the year 18 children were in residence and 195 were admitted during the year, making a total of 213 children (122 boys and 91 girls).

MIDWIFERY

Eight full-time nurse/midwives and one part-time nurse are employed, also two midwives in private practice on a case basis.

Applicants for this service approach the midwife of their choice, who in turn notifies the Medical Officer of Health as soon as a case is accepted. Record forms are then issued to the midwife, who returns them on completion of the confinement.

The Town Council has made available two houses for the accommodation of the Dunfermline and Rosyth district nurses and at each of these houses a motor car is provided for the senior nursing sisters. Transport is also obtained from the public services and taxis are engaged when necessary.

District training for pupil midwives in the Dunfermline Maternity/

Maternity Hospital is undertaken by the senior district nursing sisters, who have been approved as teachers by the Central Midwives Board.

One of the Assistant Medical Officers of Health also gives lectures to the pupil midwives at the Maternity Hospital. These arrangements make it possible for the Maternity Hospital to train midwives for Part II of the S.C.M. Certificate and is a valuable contribution towards co-ordinating the work of the Local Authority with that of the Hospital Board. During the year 9 pupil midwives received instruction and district training and all were successful in gaining Part II of the S.C.M. Certificate.

Maternity Packs and Outfits. One hundred and eighty maternity packs were issued for domiciliary confinement. Nine maternity outfits were supplied on loan to suitable cases on application by midwives only. The outfits consist of bed linen and towels, and are for use for a period of three weeks from the date of confinement.

Domiciliary Confinements. One hundred and ninety applications for maternity services were received during the year which compares with 234 for the previous year. One hundred and eighty-one confinements were conducted as compared with 160 during 1959. In addition 33 cases who received ante-natal care from the domiciliary midwives were removed to hospital for confinement on account of some emergency, of this number 4 were discharged home soon after confinement and received post-natal care from the domiciliary midwives.

All the domiciliary midwives are qualified to administer gas and air analgesia and trilone. One set of gas and air apparatus and two sets of trilone apparatus were in use during the year. Gas and air analgesia was administered by midwives in 10 cases, trilone in 101 cases, and pothidine in 98 cases. The comparable figures for 1959 were 7, 79 and 89.

The/

The following table gives details of the work done during the year.

Total No. of Births, including still-births, notified during the year that is before correction for mother's residence		1,695
(i) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947 -		
(a) Doctor engaged and present at confinement...	105	
(b) Doctor engaged and not present at confinement... ..	75	
(c) Midwife alone (no doctor engaged).	-	
(ii) Other domiciliary cases -		
(a) Doctor engaged	-	
(b) Midwife alone (no doctor engaged).	-	
(c) Without doctor or midwife	-	
(d) All other cases	1	
(iii) Cases conducted at Maternity Hospital... ..	1,514	

Supervision of Midwives. The registers, temperature charts, and appliances of all midwives practising within the burgh were inspected and the midwives interviewed by the Obstetricians. Private practising midwives were also supervised by the health visitors.

HOME NURSING

The duties of the Home Nursing Service were carried out by 8 full-time nurse/midwives and one part-time nurse.

They attended and made 20,512 visits to patients in their own homes during the year, showing an increase of 4,830 visits over the figures for 1959.

The/

The following table gives details of the work done. -

	Patients					Visits				
	Medical	Surgical	Midwifery	Others	Totals	Medical	Surgical	Midwifery	Others	Totals
Dunformline	458	63	119	12	652	13,279	1,103	2,468	449	17,299
Rosyth	74	29	83	6	192	966	409	1,493	345	3,213
Totals	532	92	202	18	844	14,245	1,512	3,961	794	20,512

Three hundred and fifty-three patients were of the age group sixty-five years and over and 11,047 visits were made to them amounting to 54 per cent. of the total nursing visits of the entire service. An increasing number of old people are living independent lives and when illness occurs difficulties arise. It is important that they should live in their own homes as long as possible not only for their own morale but also for the relief of pressure on hospital beds. While this leads to a heavier type of time consuming nursing, it is only made practical by the efficiency of the domiciliary medical and nursing care and welfare services.

As in previous years a considerable amount of injection therapy was undertaken by the district nurses. During 1960 a total of 6,851 injections were given, of which insulin accounted for 4,431, streptomycin 794, and others 1,626.

Medical Loan Depot. The local branch of the British Red Cross Society continue to maintain within their premises at 62, New Row, a store of selected surgical and medical appliances which are available to the nurses when required.

HEALTH VISITING

The health visitors are general purpose family visitors and in this capacity they undertake the care of mothers and young children, they are the school nurses and tuberculosis nurses, /

nurses, and are playing an ever increasing part in maintaining the health and well-being of the elderly and in dealing with the problem families and the prevention of their break-up.

With the coming into force of the Mental Health (Scotland) Act 1960 still more will be required of the health visitor, and she will have a very important role to play in the "personal" services of the local authority for the community care of the mentally ill.

While the approved establishment is twenty-two, it has only been possible to maintain an average staff of 15 throughout the year.

The town is divided into districts equivalent to the number of health visitors. In each district the health visitor attends the appropriate clinics and schools and is available to all age groups. This arrangement prevents duplication of visits to the same home and enables her to obtain a complete knowledge of each family as a unit and thus better able to steer them clear of social difficulties. The whole field of prevention of ill-health, including prevention of mental ill-health, is now within her sphere.

Individual health education in the home of persons and families comprises a large part of their work and reliance is placed on this rather than on group education.

During the year, the health visitors commenced the testing for phenylketonuria of all babies up to the age of 6 weeks. The test is now a routine procedure, being performed at the home or child welfare clinic. To date no positive reactions to the urine test have been discovered.

In connection with the care of the elderly, 707 old persons were visited and a total of 1,341 visits made. Adequate visiting by health visitors can do much to maintain the physical and mental health of many elderly people by keeping them in touch with the many statutory and voluntary services which are available to help them. The Social Services/

Services Officer has completed a list of old people and at the end of the year it contained 1,388 names. Priority in visiting was given to those living alone and to those who were handicapped and house-bound.

The Health Department maintains a close liaison with the Dunfermline Maternity Hospital, Milesmark Hospital and hospitals catering for tuberculosis patients. A discharge list of mothers and infants is obtained daily by telephone from the Maternity Hospital and they are visited forthwith. Similarly patients discharged from Milesmark Hospital and the various chest units are visited.

The following table is a record of the visits made by health visitors during the year and shows an increase of 50 persons visited and an increase of 861 visits compared with the previous year.-

	Number Visited	Total Visits
Expectant mothers	400	859
Children under 1 year of age	1,759	11,007
Children between the age of 1 and 5 ...	3,341	11,731
Tuberculosis cases	189	994
Other cases... ..	173	211
Elderly people	707	1,341
Totals... ..	6,569	26,143

DOMESTIC HELP SERVICE

The total number of households assisted in 1960 was 254 as compared with 257 in 1959. One hundred and eleven cases were carried forward from the previous year and 184 new applications were received.

Assistance was given on account of the following conditions - Elderly and infirm 188, general illness 28, chronic sick 22, maternity cases 13, and tuberculosis 3.

At the end of the year 121 households were receiving home helps./

helps.

The standard charge for this service during the year was 3/- per hour but where financial circumstances warranted it this was subject to a reduction.

Of the 254 persons who received assistance 120 paid full-rate, 4 paid reduced rate, and of the 130 who paid the minimum charge 44 received additional allowances from the National Assistance Board to enable them to pay the charge.

As in previous years the heaviest demand on the service was in providing help to the elderly and infirm, the majority of such cases requiring help for a considerable part of the day.

During 1960 the staff employed in the service was one whole-time supervisor and 54 part-time domestic helps.

The following table shows the number of cases attended and the domestic helps employed since the inauguration of the service in 1951.-

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Cases ...	55	121	168	212	239	261	254	249	257	254
Domestic helps part- time...	13	25	35	42	46	52	45	39	48	54

Great credit for the efficient way in which this service works is due to the Supervisor and her staff who frequently undertake many acts of kindness outwith working hours.

VACCINATION AND IMMUNISATION

In September, 1960 the following immunisation schedule for children was adopted by the Health Department.-

Age/

<u>Age</u>	<u>Vaccine</u>	
2 months	Vaccination against Smallpox.	
3 - 4 months	Triple Antigen	3 injections with an interval of 4 weeks between each.
6 - 7 months	Poliomyelitis	2 injections with 4 weeks between each.
15 - 18 months	Triple antigen -	booster and poliomyelitis 3rd injection.
5 years	Diphtheria and tetanus.	1 injection.
10 years	Diphtheria and tetanus.	1 injection.
12 years and over	B.C.G.	

The scheme has been well received by the parents and has worked well with the exception of the booster diphtheria/tetanus injection of school children aged 10 years which has been stopped meantime because of an undue number of reactions in this age group. For the time being the 10 year olds are receiving a booster injection of T.A.F. instead of diphtheria/tetanus.

Vaccination against Smallpox. Details of vaccination notified during the year are as follows.-

	Primary Vaccinations	Re-vaccinations
Typical vaccinia greatest 7th to 10th day	693	15
Accelerated (vaccinoid) reaction 5th to 7th day ...	5	16
Reaction greatest 2nd to 3rd day	1	53
No local reaction..	75	2
Totals... ..	774	86

Of the 774 persons who received primary vaccination 515 were children born in 1960 and 209 were children born in 1959. The overall figure shows an increase of 31 over the number for the previous year.

General practitioners notified 222 primary vaccinations and 72 re-vaccinations and 552 primary vaccinations and 14 re-vaccinations were carried out at the local authority clinics.

As/

As in previous years the Registrar of Births continues to issue a special propaganda leaflet prepared by the Medical Officer of Health to every parent at the time of registration of a birth.

The importance of vaccination is stressed at all the clinics by the medical staff and health visitors, and by the latter in the course of their routine visits to the homes.

Immunisation against Diphtheria. This is now the thirteenth consecutive year in which there has been no case of diphtheria in Dunfermline and it is sixteen years since there was a death from this disease.

The state of immunity against the disease continues at a high level. It is estimated that at the end of 1960 75% of the pre-school children and 92.5% of the burgh school population had received protective inoculations.

This is a conservative estimate as it is known that some records from general practitioners had not been received.

Immunisation is now being effected by the use of triple antigen, diphtheria tetanus vaccine, and T.A.F.

Immunisation is advised by the health visitors in the course of their routine visits to infants, and the option is given for this to be carried out by the family doctor or at a child welfare clinic; where the mother is unable, for any reason, to take her child for immunisation or where the parents are indifferent, visits to the homes by the medical staff of the health department are arranged and immunisation carried out. Reinforcing inoculations were given to school entrants and again at the age of 10 years.

During the year 698 children were given a full primary course of immunisation against diphtheria and 1,532 children received reinforcing inoculations. One hundred and ninety five inoculations were given by general practitioners and 2,035 inoculations by the medical staff of the health department.

Immunisation/

Immunisation against Whooping Cough. With the almost universal use of combined antigens in primary immunisation procedures, immunity to this disease is being acquired as a routine procedure. During the year 781 infants were given the full course of protection against whooping cough by the following means. Triple antigen 754; diphtheria/tetanus 26; and pertussis alone 1.

Reinforcing inoculations which are now being given at the age of 15 - 18 months numbered 83.

Immunisation against Tetanus. With the introduction of the use of triple antigens at our clinics 5 years ago, immunisation against this important preventable disease is also being achieved.

To keep this immunity at a satisfactory level, this year the giving of booster inoculations of diphtheria/tetanus vaccine to school entrants and school children of 10 years of age was introduced.

Vaccination against Poliomyelitis. During the year the existing arrangements for vaccination against poliomyelitis was extended to all persons up to the age of forty years and also to the following small groups. -

- (a) Persons going to visit or reside in any country outside Europe, other than Canada or the United States of America.
- (b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants, and their families.
- (c) Practising nurses not working in hospitals (those working in hospitals were already eligible) and their families.
- (d) Public health staff who might come in contact with poliomyelitis cases and their families.

During the year 2,166 persons received two injections. At the end of the year a total of 16,777 had completed two injections, 13,654 had completed three injections, 71 had received one injection and 48 applicants awaited vaccination.

As in the previous year special vaccination sessions were/

were organised at schools, child welfare clinics, ante-natal clinics and open sessions were made available for the older age groups.

Vaccine supplied by the Health Department was available to general practitioners for eligible persons in their practices. This year more practitioners than in previous years participated and I take this opportunity of thanking them for their co-operation.

At the end of the year 82 per cent. of the eligible population of children had been vaccinated. During the year 560 persons in the age group 1933-1942 received two injections, as did 789 persons in the age group 1932 - under 40. Included in these figures were 250 expectant mothers. Nine persons in the age group over 40 also received two injections.

This is the second consecutive year in which no case of poliomyelitis occurred within the burgh.

PREVENTION OF ILLNESS - CARE AND AFTER-CARE.

A. TUBERCULOSIS.

Notifications. There were 16 new notifications of respiratory tuberculosis compared with 36 during the previous year.

The number of notifications of non-respiratory tuberculosis was 9 compared with 6 for the previous year.

At all times a close liaison is maintained with the Chest Physician to the West Fife Area, who has his consulting centre in the Carnegie Clinic.

On receipt of notification, either the initial notification or a "transfer-in" notice, cases are visited by the health visitors. At this visit a full environmental report is taken and details noted concerning all contacts. Advice is given regarding nursing care, fresh air, rest and adequate nutrition. Details of all notifications and environmental reports are forwarded to the Chest Physician who informs the Medical Officer of/

of Health of his clinical assessment of each case and arranges for the investigation of all contacts. The Chest Physician also supplies special reports concerning pre-school and school children, sputa results and details of all admissions and discharges from hospital.

Hospital treatment. Hospital admission for the treatment of respiratory tuberculosis is no longer associated with any delay.

During the year 13 cases of respiratory tuberculosis were admitted to hospital. Together with the number in residence at the beginning of the year a total of 21 patients were treated which compares with 34 for the previous year.

Domiciliary visits. These are made by the health visitors according to the needs of the case. Where recommended by the Chest Physician streptomycin injections and in some cases viomycin injections are given by the health visitors or district nurses.

During the year 189 persons were visited by the health visitors and the total number of visits was 994. This compares with 252 persons and 1,080 visits for the previous year.

At these visits opportunity is taken of explaining the scheme of assistance grants payable by the National Assistance Board.

Supply of extra nourishment, Nursing requisites etc.

Medical comforts are supplied when considered necessary and in cases of financial hardship free milk to the extent of 2 pints per day and Virol free of charge are issued.

During the year the following number of patients received milk:-

In receipt of benefit on 1:1:60	Granted benefit during the year	Ceased benefit during the year	In receipt of benefit on 31:12:60
15	8	11	12

One hundred and sixteen 8 oz. cartons of Virol were issued during the year.

Bedding/

Bedding and toilet requisites are available on loan from the Health Department and Red Cross Depot.

Occupational therapy is also encouraged in domiciliary cases and, if desired, representatives of the Red Cross visit the patients' homes and supply material for rug making, embroidery, basket work, sewing etc.

Housing. The importance of a good home environment with no overcrowding is realised and every endeavour is made to see that all tuberculosis households are adequately housed. Where the housing conditions are unsatisfactory, high priority is given to re-housing.

During the year 14 families were re-housed.

Disinfection. Where considered necessary this is carried out on the admission of a patient to hospital and at other times as required. It is undertaken by the Sanitary Inspector's staff who visit the home, carry out the necessary disinfection, and give general advice.

Households in which there is residing a tuberculous patient may obtain soap and disinfectant free of charge for disinfection purposes.

B.C.G. vaccination. Preliminary tuberculin testing and B.C.G. vaccination with conversion reading of school leavers was undertaken by the medical staff and health visitors. As in previous years a consent form for B.C.G. vaccination and an explanatory leaflet were given to the school leavers.

Parents are now fully aware of the benefit of B.C.G. vaccination and there was almost 100% acceptance.

The co-operation of parents and teachers in this important field of preventive medicine is to be commended.

Hoaf's multiple puncture apparatus using adrenaalised old tuberculin was employed for the tuberculin testing. The method is very satisfactory for dealing with large groups, the test being practically painless and the reactions well defined.

School leavers who were found to have a positive reaction in/

in the preliminary testing were referred for X-ray examination. No cases of active tuberculosis were detected in this group.

The following table shows the number tested and vaccinated during the year.

	Tuberculin tested.		Negative re-actors		Vaccinated during 1960	
	M.	F.	M.	F.	M.	F.
(1) Nurses	2	23	1	1	1	1
(2) Medical students ...	-	-	-	-	-	-
(3) Contacts	76	83	59	57	31	30
(4) Special Groups not included in (1) to (3) above. -						
(a) School leavers..	298	304	246	270	246	270
(b) New born babies.	-	-	-	-	9	7
(c) Students... ..	-	-	-	-	-	-
(5) Others	-	-	-	-	-	-

Since 1950, 9,794 persons have been tested and of these 6,539 have received B.C.G. vaccination.

Mass Radiography. No mass radiography was undertaken in the burgh during 1960.

B. CHIROPODY.

The chiropody service continues to be provided on behalf of the local authority by two voluntary organisations.

Dunfermline District Nursing Association and Dunfermline and Rosyth Old People's Welfare Committee.

There are two clinics, one in Dunfermline and one in Rosyth. Domiciliary visits for treatment are arranged as required.

The elderly use this service most and it makes an important contribution to their welfare.

The health visitors in the course of their visits to old people recommend many for treatment and applications are received by the Social Services Department and voluntary organisations direct.

C. PREVENTION/

C. PREVENTION OF HOME ACCIDENTS

The Registrar-General gives a provisional figure of 11(3 males and 8 females) fatal accidents in the home for the year 1960. This is exactly the same total figure as for the previous year and is equivalent to a rate for 1960 of 23 per 100,000 of estimated population.

It is of interest to note the age distribution of these home fatalities. -

Males. Two were in the age group 55 - 64 years,
and one 65 - 74 years.

Females. One in the age group 45 - 54 years.

Two in the age group 55 - 64 years.

One in the age group 65 - 74 years.

One in the age group 75 - 84 years.

Three in the age group 85 years and over.

An arrangement exists whereby the local hospitals notify the Medical Officer of Health regarding patients admitted on account of non-fatal home accidents.

On receipt of these notifications the health visitors make a special visit to the homes to investigate the circumstances of the accident and to advise and give guidance on preventive measures.

Thirty-three such notifications were received comprising of burning accidents 13, coal gas poisoning 9, and others 11.

The health visitors in the course of their normal duties give considerable time and particular emphasis to teaching accident prevention in the home. They visit the homes of practically all young children and an ever increasing number of the homes of the elderly and distribute propaganda literature, particularly the leaflet "Death Traps in the Home."

There is a Home Safety Committee which meets monthly, comprising of representatives from the Local Authority, the Police, the Fire Service, the Gas and Electricity Boards, the Scottish ROSPA and various voluntary organisations.

The/

The Home Safety Committee took part in organising four campaigns during the year 1960. These dealt with particular aspects in the prevention of accidents, namely. - "Falls in the Home", "Water-safety", "Prevention of Fire" and "Coal Gas Poisoning". Speakers were available to talk on these subjects and posters, pamphlets, and booklets were distributed to the child welfare clinics, Institutes and Libraries, Primary Schools, Central Baths, Youth Centre and to all who were interested in accident prevention.

Health visitors in their own districts handed out leaflets to mothers in homes where there were young children and to elderly people, on the subject which concerned them. The Home Safety Committee also set up and manned a stall during Dunfermline Civic Week with the main theme "The Prevention of Accidents in the Homes". A competition was run for the children, much advice was given to interested parents and many leaflets were distributed to numerous visitors to the stall.

D. HEALTH EDUCATION.

At all times, whether in the clinic or in the home, the health visitors take every opportunity to foster the principles of healthy living and accident prevention.

During the year members of the Health Department spoke on various health topics to Women's Guilds and Clubs. It has been found by experience that addressing such pre-formed audiences is a more rewarding method than attempting large-scale film shows or public meetings. The audience is more interested and there is greater opportunity of answering individual questions.

E. SMOKING AND LUNG CANCER

The continuing increase in the deaths from lung cancer has now become a matter of national concern. In Dunfermline, lung cancer accounted for a larger number of deaths than from any other form of malignant disease.

During 1960 there were 22 deaths attributed to cancer of the/

the lung - 19 males and 3 females, a total of four more than for the previous year.

It is now established beyond reasonable doubt that those who smoke run a considerably greater risk of cancer of the lung than those who do not. Cigarette smokers are particularly vulnerable, the risk increasing with the number of cigarettes smoked.

It is very necessary that everything possible should be done to prevent young people starting to smoke. With this in mind, as in previous years, leaflets produced by the Scottish Council of Health Education were distributed to boys and girls of school leaving age.

The public in general are well informed of the facts and the decision as regards smoking rests with the individual.

CONTROL OF INFECTIOUS DISEASES

The corrected total number of cases of notifiable infectious diseases (including all forms of tuberculosis) for 1960 was 304, which compares with 997 for the previous year. A record low figure for the burgh, there being no epidemics during the year.

Cerebro-spinal Fever. Three cases of this disease were notified as compared with 5 for the previous year. All were treated in hospital and there were two deaths.

Chickenpox. Four cases were intimated, one of them being a naval case.

Diphtheria. As already mentioned, this is the thirteenth consecutive year in which there has been no case of this disease.

Dysentery. Three cases of bacillary dysentery were notified and treated in hospital.

Erysipelas. Nine cases of erysipelas were notified, five of them being treated in hospital.

Food Poisoning. Two cases of food poisoning were notified during the year. Neither required hospital admission.

Gastro-enteritis. Twelve cases were intimated and treated in hospital.

Glandular/

Glandular Fever. One naval case was intimated and treated in hospital.

Measles. One hundred and nine cases were notified, but it should be remembered that only the first case in each household is notifiable. One case was treated in hospital.

Mumps. Four cases were intimated and treated in hospital.

Pneumonia. (a) Broncho-pneumonia. Fifty-eight cases of this condition were notified during the year and all were treated in hospital.

(b) Lobar pneumonia. Thirty-seven cases of lobar pneumonia were notified and thirty-two cases were treated in hospital.

(c) Influenzal pneumonia. No cases of this condition were notified.

The number of deaths from all forms of pneumonia was 6, and all were in the age group 65 and over. The corresponding number of deaths last year from pneumonia was 13.

Poliomyelitis. For the second consecutive year no cases occurred.

Rubella. One case was intimated and treated in hospital.

Scarlet Fever. Forty-six cases of scarlet fever were notified. This includes one service case. All were treated in hospital. Five persons who were contacts and whose employment necessitated the handling of food supplies were temporarily suspended from work whilst awaiting clearance throat swabs.

Tuberculosis. (a) Pulmonary. Three hundred and eight cases were on the register at the beginning of the year. During the year 16 cases (8 males and 8 females) were notified compared with 36 notifications last year. Of the 8 males, two were in the age group 35 and under 45 years, two in the group 55 and under 65 years, and four in the age group 65 years and upwards.

In contrast, of the 8 females, three were in the age group/

group 15 and under 25 years, one in the group 25 and under 35 years, and four in the age group 35 and under 45 years.

There was one male death due to pulmonary tuberculosis registered during the year and at the end of 1960 the number of confirmed cases on the register was 263 (155 males and 108 females).

(b) Non-Pulmonary. Thirty cases were on the register at the beginning of the year. During the year 9 cases (2 males and 7 females) were notified compared with 6 notifications for last year. There were no deaths and at the end of the year the number of confirmed cases on the register was 23 (9 males and 14 females.)

The following are the tuberculosis death-rates per 1,000 of the population so far as they are available.

	Respiratory Tuberculosis.	Non-respiratory Tuberculosis.	Total
1916-1920	1.01	0.50	1.51
1921-1925	0.67	0.33	1.00
1926-1930	0.53	0.22	0.75
1931-1935	0.40	0.18	0.58
1936-1940	0.44	0.09	0.53
1941-1945	0.32	0.12	0.44
1946-1950	0.33	0.07	0.40
1951-1955	0.15	0.02	0.17
1956	0.04	0.05	0.09
1957	0.02	0.00	0.02
1958	0.04	0.00	0.04
1959	0.04	0.00	0.04
1960	0.02	0.00	0.02

Whooping Cough. Eight cases were notified and one case was treated in hospital.

Milesmark Hospital. As in previous years, by an arrangement between Dunfermline Town Council and the South-Eastern Regional Hospital Board, the Medical Officer of Health acts as Medical Superintendent and the clinical duties of the hospital are undertaken by the medical members of the Health Department Staff.

The position, therefore, continues as it was prior to the National Health Service Act, so that in effect the admission of patients suffering from acute infections remains in the hands of the preventive authority.

While/

While the hospital admits patients not only from Dunfermline but from a wide area of West Fife and Kinross County, this arrangement has been of inestimable value to the Health Department of Dunfermline as the preventive authority, for the hospital is a place in and from which a great deal of preventive work can be carried out in relation to the observation of contacts and immunisation. The daily stimulus of contact with the patients while under treatment in the hospital has been given to the medical officers working in the field and the arrangement has proved a valuable means of co-operation with the general practitioner service and co-ordination with the hospital services as a whole.

It has to be emphasised that despite the changes which have taken place in the vast field of infectious diseases, there is as much need as ever for early ascertainment and initiation of preventive action.

In addition to dealing with infectious diseases, the hospital now has an extended use and provides beds on a liberal scale for geriatric, gynaecological, medical, surgical and orthopaedic conditions.

Of the 933 patients treated during the year 561 were from Dunfermline.

Venereal Diseases. The investigation and treatment of these diseases is carried out at the Special Treatment Clinic at the Dunfermline and West Fife Hospital.

Details of the number of patients who attended the Clinic in 1960 are given below:-

Congenital syphilis	...	...	...	1
Gonorrhoea	...	...	...	40
Non-specific urethritis.	...	...	...	41
Trichomonas vaginalis...	...	...	...	7
Other venereal conditions	...	...	...	39
Non-venereal conditions.	...	...	...	26

These figures above relate to "Fife" patients, separate details of patients residing in Dunfermline being not available.

During/

During the year, new notices, giving details of the places, times etc. for the treatment of venereal diseases were displayed in public conveniences.

MENTAL HEALTH SERVICES

There are two duly Authorised Mental Health Service Officers. The Town Council do not employ psychiatric social workers, nor is a senior occupational centre provided.

A junior Occupational Centre under the auspices of Fife Education Authority provides places for the care of 40 children.

Educationally sub-normal children are provided for in classes at McLean School where approximately 100 children attend.

The Education Authority provide a Child Guidance Clinic. A Psychiatric Clinic, staffed by the Fife Mental Hospital Board, is provided at Milosmark Hospital. This clinic caters for both adults and children.

Mental Deficiency. All the medical staff of the Health Department have attended a course on educationally sub-normal children and mental deficiency.

Mental defectives are ascertained through the child welfare and school medical services. Supervision of the mental defectives is carried out by Health Department medical and health visitor staff and also by the authorised officers. The authorised officers made 192 domiciliary visits to mental defectives during the year.

At the close of the year there were 68 mental defectives on the register, 7 were under guardianship and 61 were in institutions. One mental defective belonging to another authority and 54 uncertified cases were also under supervision.

Maintenance and clothing allowances were paid to those under guardianship. Quarterly visits were made by the medical officers authorised by the General Board of Control for Scotland.

The following table shows the number of mental defectives in/

in Institutions.

Institution	Males.	Females.	Total.
Royal Scottish National Institution, Larbert	8	3	11
Waverley Park, Kirkintilloch	-	1	1
Blinkbonny, Falkirk	-	4	4
Gogarburn, Edinburgh	7	4	11
Strathore or Glenlomond	9	10	19
St. Joseph's, Rosewell	2	3	5
Todhill Farm School, Kilwinning	2	-	2
St. Mary's Institution, Galashiels	-	2	2
St. Charles' Institution, Carstairs	1	-	1
Lordburn House, Forfar	1	-	1
Prestonkirk House, East Linton	1	-	1
Luscar House, Carnock	1	2	3
Totals... ..	32	29	61

Two mental defectives have been discharged on licence during the year and 1 mental defective discharged (by escape).

Difficulty is still being experienced in finding institutional accommodation for mental defectives and the provision of additional beds is urgently required.

Mental Illness. Arrangements were made by the authorised officers for the certification and removal of 35 patients to Stratheden Hospital, Cupar. Assistance was also given in a number of cases for voluntary admission.

The following table shows the age groups of patients admitted during the year to Stratheden Hospital.-

Age/

Age	Males	Females	Total
16 years - 60 years	6	13	19
60 years and over	5	11	16
Totals	11	24	35

The Dunfermline and District Voluntary Association for Mental Health have been very active during the year. Public meetings were arranged by the Association at which various aspects of mental health were dealt with by specialist speakers.

The main object of these meetings was to create a public interest in the field of mental health.

The Association also sponsors a very successful club for mental defectives over school age, which meets weekly in the Carnegie Youth Centre.

At the close of the year the Voluntary Association were actually considering the possibility of setting up a Senior Occupational Centre.

As in the previous year, the Town Council make a grant to this Association of £50 and the appropriate officials attended the meetings as assessors.

SCHOOL HEALTH SERVICES

Number of school children in Dunfermline - 7,845.

School Medical Inspections were carried out on the usual lines.

The following table shows the number of children examined.-

A. Systematic Examinations.

	<u>Number of Children Examined</u>	
	Boys.	Girls
Entrants.	419	401
Nine year olds	509	365
Thirteen year olds. ...	461	336
Sixteen year olds.. ...	143	111
Totals... ..	1,532	1,213

B./

B. Other Examinations.

				<u>Number of Children Examined</u>	
				Boys	Girls
Special cases	...	...		32	32
Re-inspections	...	...		34	29
Non-routines	...	...		121	112
Totals...	...	...		187	173

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment excluding uncleanliness and dental caries.-

				Boys	Girls
Entrants	...	...	...	38	36
Nine year olds	...	...	...	16	5
Thirteen year olds.	...	...		15	6
Sixteen year olds..	...	...		-	5
Other systematic examinations				12	21
Totals...	...	...	...	81	73

Number of School Medical Inspection Sessions	...	216
Refraction Clinics (Specialist)...	...	31
Number of Diphtheria Immunisation Sessions at Schools	...	34
B.C.G. Vaccination Sessions..	...	6
Poliomyelitis Vaccination Sessions	...	21

Nutrition. Of the 2,745 school children examined during the year 139 or 5.1 per cent. were found to suffer from slight nutritional defect, and 1 or 0.03 per cent. from a more marked nutritional defect.

Attendance of Parents. A notice of the forthcoming medical inspection is sent to the parents of each child and they are invited to attend. Their attendance is very much in the child's interest, as it enables the doctor to ascertain precise details of past illnesses and family history. Should treatment of any condition be required personal explanation is more satisfactory than any written notice and more likely to be/

be effective. During the year parents have continued to co-operate in this way, especially in the more junior age groups.

It is unfortunately true, however, that on the whole we do not see the parents of the children who are most in need of attention. The careful mother of the well-cared for child attends, and has the satisfaction of learning all is well. When a child's condition is less satisfactory it is very often found that lack of parental interest extends to school medical inspection and opportunity for discussion is not afforded.

Of 820 entrant infants examined, 625 were accompanied by parents, and of 1925 other children examined, parents were present in 513 instances.

Refusal of Medical Inspection. There was only 1 refusal of medical inspection.

Health Visitors' Inspections. The health visitors carry out inspections of heads and clothing and where necessary refer cases to the school clinic for treatment. "Follow-up" visits were also made to ensure that their suggestions and instructions were being acted upon.

Number of inspections of children	
by health visitors...	11,195
Number re-inspected (i.e. children with defects at a previous inspection)...	792
Number of homes visited	65

School Medical Treatment. This is the third year that the treatment of school children ceased to be under the direct auspices of the Carnegie Dunfermline Trust, which, however, continues to make an annual grant towards its cost.

General Clinic.

	No. of Cases.	No. of Attendances
Defective speech...	31	600
Ear, nose and throat ...	244	304
Eye ...	223	481
Orthopaedic...	431	4,837
Other conditions...	1,453	2,718
Skin ...	764	3,706
U.V.R. treatment...	34	678
Totals...	3,180	13,324

Dental Clinic.

Dental inspections	...	...	...	...	...	3,433
No. of cases	...	...	...	...	...	1,908
No. of attendances.	...	...	...	...	...	3,611

Specialist Clinic. (a) Dental Clinic.- Seven specialist clinics were held during the year at which 171 school children were seen by the Consultant.

(b) Ear, Nose, and Throat Clinic.- Nine specialist clinics were held during the year, at which 147 school children were seen by the Consultant.

(c) Eye Clinic.- Ophthalmic treatment of school children was carried out by the Consultants. The report of the year's work in this clinic is shown in the following table.-

Number of sessions	...	...	...	...	...	...	...	...	31
--------------------	-----	-----	-----	-----	-----	-----	-----	-----	----

				No. of cases examined.		No. of cases re-examined	
				Boys	Girls	Boys	Girls
Hypermetropia	...	...		11	7	32	26
Hypermetropic astigmatism	...	...		22	13	40	34
Myopia...	...	...		38	20	45	37
Myopic astigmatism.	...			9	7	21	19
Mixed astigmatism..	...			4	2	2	5
Emmetropia	...	...		18	9	7	13
External Eye Condition..				-	-	-	-
Totals...	...	...		102	58	147	134
Both sexes	...	...		160		281	

Frames fitted.	...			148 boys and 117 girls.			
----------------	-----	--	--	-------------------------	--	--	--

(d) Orthopaedic Clinic. - Nine specialist clinics were held during the year at which 230 school children were seen by the Consultant.

Co-operation of Teachers. Headmasters and teachers continued to co-operate and proved helpful in referring ailing children/

children for examination. Their interest and assistance are invaluable and greatly facilitate the work of school medical inspection.

Special Medical Examination of Mentally and Physically Handicapped Children. Ten mentally handicapped and 1 physically handicapped children were examined and initial reports forwarded to the County Medical Officer of Health.

Early Ascertainment of Defects of Vision. The routine practice to undertake a complete examination of vision of school entrants at the age of five years instead of at the age of seven as formerly was continued. Sjogren Test Cards were employed.

PORT HEALTH ADMINISTRATION.

The arrangements made under the Public Health (Ships) (Scotland) Regulations, 1952, were satisfactory.

A total of 19 ships arrived at Rosyth from foreign ports and all were granted pratique.

APPENDIX I.

Cases of Infectious Diseases (excluding Tuberculosis) notified from 1st January 1960 to 31st December 1960

Number of cases coming to the knowledge of the Medical Officer of Health and accepted by him as suffering from the stated disease												
At Age - Years												
Disease	Sex	At all ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital
Cerebro-spinal fever	M	1	-	-	1	-	-	-	-	-	1	-
	F	2	1	-	1	-	-	-	-	-	2	-
Chickenpox	M	2 ¹	-	1	-	1 ¹	-	-	-	-	2 ¹	-
	F	2	-	1	-	-	1	-	-	-	2	-
Dysentery	M	2	-	1	1	-	-	-	-	-	2	-
	F	1	-	-	-	-	1	-	-	-	1	-
Erysipelas	M	5	-	-	-	-	-	1	3	1	3	2
	F	4	-	-	-	-	1	-	3	-	2	2
Food Poisoning	M	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	1	-	1	-	-	-	2
Measles	M	62	1	27	34	-	-	-	-	-	-	62
	F	47	1	16	30	-	-	-	-	-	1	46
Pneumonia, acute primary	M	22	-	4	1	1	4	-	9	3	20	2
	F	15	-	-	3	1	1	-	3	7	12	3
Pneumonia, not otherwise notifiable	M	33	9	12	2	-	1	-	5	4	33	-
	F	25	10	9	3	-	-	-	1	2	25	-
Scarlet fever	M	23 ¹	-	10	11	1	1 ¹	-	-	-	23 ¹	-
	F	23	-	9	13	1	-	-	-	-	23	-
Whooping cough	M	5	2	1	2	-	-	-	-	-	1	4
	F	3	-	-	3	-	-	-	-	-	-	3
Totals	M	155 ²	12	56	52	3 ¹	6 ¹	1	17	8	85 ²	70
	F	124	12	35	53	3	4	1	7	9	68	56

The figures in black denote Service cases and are included in the total.

APPENDIX. II.

PART 1. - Respiratory Tuberculosis.

1. Number of cases formally notified for the first time or regarded as notified from 1st January 1960 to 31st December 1960.

Sex	Age Groups									Totals
	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 & over	
Males	-	-	-	-	-	2	-	2	4	8
Females	-	-	-	3	1	4	-	-	-	8
Totals	-	-	-	3	1	6	-	2	4	16

2. Number of cases confirmed to be suffering from active respiratory tuberculosis during the year.

Sex	Age Groups									Totals
	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 & over	
Males	-	-	-	-	-	2	-	2	4	8
Females	-	-	-	3	1	4	-	-	-	8
Totals	-	-	-	3	1	6	-	2	4	16

3. Number of new cases in Table II admitted to hospital for tuberculosis treatment for the first time during the year.

Sex	Age Groups			Totals
	Under 15	15 and under 45	45 and over	
Males	-	-	2	2
Females	-	4	-	4
Totals	-	4	2	6

4. Number of patients admitted to, discharged from or dying in tuberculosis hospitals, sanatoria, or wards in other hospitals reserved for the treatment of the tuberculous.

Age Group	Sex	In Hospital on 1:1:60	Admitted during year	Discharged during year	Died in Hospital	In Hospital 31:12:60
Under 15	M	-	1	1	-	-
	F	1	-	1	-	-
15-44	M	3	2	5	-	-
	F	2	7	8	-	1
45 and over	M	2	3	5	-	-
	F	-	-	-	-	-
Totals		8	13	20	-	1

5. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than that reserved for tuberculous patients 1.

PART II. - Non-Respiratory Tuberculosis.

6. Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1960.

Sex	Age Groups								65 & over	Totals
	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65		
Males	-	-	-	1	1	-	-	-	-	2
Females	-	-	-	1	3	1	-	-	2	7
Totals	-	-	-	2	4	1	-	-	2	9

7. Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in).

Form	Sex	Age Groups								65 & over	Totals
		Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65		
Abdominal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	1	1
Bones & joints	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	1	-	-	-	-	-	1
Superficial glands	M	-	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	1	-	-	-	1	2
Genito-urinary organs	M	-	-	-	-	1	-	-	-	-	1
	F	-	-	-	-	2	1	-	-	-	3
Totals		-	-	-	2	4	1	-	-	2	9

PART III. - Analysis of Tuberculosis Deaths.

7. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Notified from 6 to 12 months before death	1	-	-	-

PART/

PART IV. - The Tuberculosis Register.

8. Return of number of persons resident in the area at 31st December 1960 who were known to be suffering from tuberculosis.

Form	Sex	Under 1	Age Groups							65 & over	Total
			1-5	5-15	15-25	25-35	35-45	45-55	55-65		
Respiratory	M	-	1	1	20	29	37	27	30	10	155
	F	-	3	5	20	43	26	8	2	1	108
Non-Respiratory	M	-	-	3	2	1	-	1	-	2	9
	F	-	-	-	2	4	3	-	2	3	14

S O C I A L S E R V I C E S D E P A R T M E N T



R E P O R T

by

G. K. PLUMMER, Social Services Officer

To the Provost, Magistrates and Councillors of the City and
Royal Burgh of Dunfermline.

Ladies and Gentlemen,

I have pleasure in submitting the following annual
report on social services for the year 1960.

I am,
Your obedient Servant,

G. K. PLUMMER,

Social Services Officer.

Social Services Department,
Carnegie Clinic,
Pilmuir Street,
DUNFERMLINE.

PROVISION OF WELFARE SERVICESunder Section 29 of the National Assistance Act

In general there have been no significant changes or developments in the well established services provided for the Blind and the Deaf over the past year. In view of this, my report is mainly confined to statistics as the nature of the services rendered are I am sure well known. The position is not quite the same as regards services for other handicapped persons which have only been developed gradually over the past few years, as I am happy to say that a certain amount of progress has been made in this field as will be seen from my more detailed report under paragraph (c).

(a) Blind Persons. The per capita grant paid by the Town Council in respect of the Agency Service provided by the Fife Society for the Blind remained at £7:10/- this year and the Registration fee of £1 in respect of partially sighted persons also remained the same. The number of persons on the Blind Register at the close of the year was 29 males and 38 females an increase of 3 males and 1 female over last year. This gradual increase has continued over the past 6 years now. There were 3 persons only on the partially sighted register at 31st December, 1960 all females. During the year the Fife Society's Home Teacher for the district paid 391 visits. Thirteen persons were given lessons in their own homes. Attendance at the Welfare Centre in Priory Lane varied between 10 and 12 persons during the season. Handicraft classes have been doing work with sea-grass, bags, stools, basketry of all kinds, and trays. Interviews at the Centre averaged about 3 or 4 per week. A Bowling Club has been started in Dunfermline, playing weekly throughout the season on one afternoon per week. All bi-monthly socials have been well attended and the local Ladies' Committee has continued to give invaluable assistance to the Society, especially in the arranging of major social functions.

Tho/

The following is a statistical record for the year:-

Number of persons on Blind Register at 1: 1:60:-

Male 26

Female 38

Number examined by Ophthalmic Surgeon:-

Male 7

Female 6

Number found to be Blind within the meaning of the Act:-

Male 6

Female 5

Number added to the Register:-

Male 6

Female 6

Number taken off the Register:-

Male 3

Female 6

Number on the Register at end of year:-

Male 29

Female 38

(b) Deaf. The Fife Mission to the Deaf continued to act as the Town Council's agent in the provision of welfare services to deaf persons in Dunfermline during the year and the per capita grant paid to the Mission in respect of these services remained at £2:10/-. There were 19 persons on the Mission's Register at 31st December, 1960 an increase of 1 person from the previous year.

The Mission provides an interpreter service when necessary and a home visiting service.

The Mission has fortnightly religious services conducted by Mr. Rodger and these services have been well attended, as also have been the weekly socials held at the Welfare Centre.

(c) Other Handicapped Persons. There were 93 on the Register of Handicapped Persons excluding Blind and Deaf, at 31st December, 1960. At present the Town Council is mainly dependent on voluntary organisations for the provision of services to handicapped persons. There are a number of organisations concerned with particular forms of handicap, such as the Scottish Epilepsy Association, The Multiple Sclerosis Society, the Infantile Paralysis Fellowship, and the Social Services Department provides a liaison service with/

with such organisations in individual cases.

The local Branch of the British Red Cross Society, however, endeavours to provide a general local overall welfare service including visitation, diversional therapy and the supply of aids. Aids are supplied after consultation with the Doctor concerned and in certain cases, on a temporary basis, until it can be established as to whether the aid can be provided through the Health Service. This is particularly the case so far as the larger aids are concerned, as for example wheelchairs.

The Social Services Department assisted directly with the provision of fixed aids such as bath rails, stair rails and bath seats. The information and advice service proved of considerable help to persons who while being quite able and willing to provide aids for themselves did not know of their existence or how to procure them.

Six persons were sent on holiday to Dunbar under the Red Cross holiday scheme. The Town Council met the cost of board and all who participated spoke very highly of the accommodation provided and the special arrangements for their care made by the local Red Cross.

One handicapped youth was admitted to Red Cross House, Largs.

In all 716 visits were paid by the Red Cross members during the year. Of these 602 could be classified as general welfare visits and 114 visits were paid to 14 patients on the Diversional Therapy list. This record I consider reflects great credit on the part-time voluntary workers who carry out this side of the work on behalf of the local Branch.

PROVISION/

PROVISION OF ACCOMMODATION

under Section 21 of the National Assistance Act.

As will be seen from the statistical table the four Corporation Homes - Davaar, Garvock House, Garthdee, and Luscar House were all fully occupied at the close of the year. There was always a waiting list for each Home during the year and the turnover of beds was comparatively small. At Garthdee, for example, the Home remained fully occupied all year and there were no discharges or admissions. The waiting list at 31st December, 1960 had risen to 14 women and 14 men. There was the usual deficiency in ground floor beds which creates understandable difficulties. On practically every occasion a ground floor bed became vacant at any Home there was someone already in the Home awaiting transfer and a goodly percentage of persons on the waiting list were also in need of ground floor accommodation. I have in previous years drawn attention to the fact that, due in my opinion, to improved housing and domiciliary services, applicants for admission to Homes are in the main in the older age groups and are less able than formerly was the case. This trend has continued over the past year and will obviously continue to be the trend of the future.

No action with regard to the provision of a new Home during the year, other than the investigation of several possible sites has been taken. These sites proved either unobtainable or unsuitable.

The Homes Sub-Committee made regular visits to all Homes. Parties on festive occasions and summer outings were arranged direct by the Social Services Department but in addition a considerable amount of entertainment was provided/

provided at all Homes by interested Organisations and individuals. As the majority of the residents are house-bound these visits and the provision of entertainment are of particular worth and help to dispel any feeling on the part of the residents of being isolated from the community.

The opportunity ~~for~~ worship provided through the good offices of the chaplains to the various Homes is also an important and much appreciated feature of the life in the Homes and in this respect I would gratefully acknowledge the services of the Rev. G.W.G. Makins, Chaplain, Davaar; Rev. R.P. McKenzie, Chaplain, Garvock House; the Rev. G. Gahagan, Chaplain, Garthdee and the Rev. V.C. Pogue, Chaplain, Luscar House.

On the retiral of Dr. G. Beveridge early in the year, Dr. R. E. Stewart was appointed Medical Officer to Luscar House.

The following table gives the position in each of the Homes at the beginning and end of the year:-

<u>Homo</u>	<u>No. at 1: 1:60</u>	<u>Admissions</u>	<u>Discharges</u>	<u>No. at 31:12:60</u>	<u>Vacancies</u>
Davaar	14	4	3	15	nil
Garthdee	18	-	-	18	nil
Garvock	19	8	7	20	nil
Luscar	35	7	6	36	nil

T E M P O R A R Y /

TEMPORARY ACCOMMODATION

Temporary accommodation to homeless persons had to be provided on 3 occasions during the year, involving 3 adults and three children. I am of the opinion that the need to provide temporary accommodation might well have arisen on more occasions but for the joint efforts of the Health, Housing, Children's and Social Services Departments working together on the problem families' case committee.

There was no need for the provision of temporary accommodation on any major scale.

GENERAL WELFARE

During the year 3,819 visits were paid by the Staff of the Social Services Department - These visits fall into the following categories:-

	<u>Totals</u>
General Welfare (Old People)	364
General Welfare (other classes)	150
Admissions to Homes	92
Mental Health	293
Trust Funds	105
Meals on Wheels	157
Chiropody	14
Sitters-In	55
Visits to Homes	1,320
School Meals	35
Burial of the Dead.	163
O.P.W.C.	44
Hospitals (including Geriatric Unit)	226
Domestic Help	36
W.V.S. Clothing	13
Handicapped Register	103
Care of Property	47
Temporary Accommodation.	9
Miscellaneous	362
Waste Visits	231
	<u>3,819</u>

This is an increase of 420 visits on the previous year. As can be seen from the table the majority of visits were concerned with the welfare of the elderly, either in connection with admission to one or other of the Residential Homes or the provision of domiciliary services. In addition to the above, 1,341 visits to elderly people were paid by the Health Visitors during the year. The visits paid by the Social Services Department were made at the request of Doctors, Ministers/

Ministers, District Nurses, Home Help Supervisor, and relatives, or arose from reports submitted by the Health Visitors. A considerable number of requests were also received from persons carrying out voluntary work amongst the elderly, as for example, members of the Dunfermline and Rosyth Branches of the Old People's Welfare Committee, Meals on Wheels personnel and organisers of clubs.

The visits listed above paid to local hospitals were mainly in connection with arrangements for domiciliary services to patients being discharged, or admission direct from hospital to residential homes or assistance with care of property and other general welfare problems. I would gratefully acknowledge the co-operation, assistance and advice given to this Department on many occasions by Dr. R. Rankine, Geriatrician and his staff.

In view of the important contributions made by various local voluntary organisations to the welfare of the elderly and infirm in the community I feel it is fitting that I should, through the medium of this report, recognise and record the efforts of these organisations.

The Dunfermline District Nursing Association still provides, at considerable expense, a chiropody service to elderly persons. At 31st December, 1960 there were 422 persons on the Association's Register of Chiropody. In addition to this the Association has supplied bedding in necessitous cases, invalid chairs, and other medical aids. The Emergency sitter-in service provided by the Association proved of inestimable value on a number of occasions.

The local branch of the British Red Cross Society supplied various medical aids from the loan depot at the request of this department and dealt with many other requests received direct. The Welfare Officer assisted in cases of genuine hardship and co-operated to the fullest extent with this Department in such cases.

The/

The Dunfermline and Rosyth Branches of the Old People's Welfare Committee continued their efforts to provide a general visitation service and to stimulate the work of these concerned with Old People's Clubs. Six local Clubs are represented on the Committee. As the Dunfermline District Nursing Association's Chiropody Scheme does not extend to Rosyth a similar scheme is provided by the Rosyth Branch of this Committee. At the close of the year 95 persons were benefiting from this service.

The Town Council made a grant of £90 to the Old People's Welfare Committee.

The W.V.S. continued to provide drivers and helpers for the Meals on Wheels Service. The cost of meals to the recipient remained at 1/- and the Town Council made a grant to cover the full cost of the meals and also met the additional delivery running costs. This is a well organised all the year round service very much appreciated by those receiving the meals. The number of persons in receipt of Meals each week fluctuated between 50 and 58. The number in receipt at 31st December was 50 and the total meals delivered during the year amounted to 5,415. The Rotary Club of Dunfermline gave a donation of £10 towards the supply of a special Christmas meal to those in receipt of the service.

The W.V.S. also continued to provide a clothing depot at Carnegie Clinic for the provision of clothing to necessitous families.

COMPULSORY REMOVALS -

There was no need to take any action under the compulsory removal provisions of the National Assistance Act.

CARE OF PROPERTY -

Action was taken on 15 occasions under Section 48 of the National Assistance Act with regard to looking after the property of persons admitted to hospitals or residential homes.

BURIALS -

Under Section 50 of the National Assistance Act, eight burials/

burials were carried out of persons who were found dead where there was no relative or friend able or willing to make the necessary arrangements.

MISCELLANEOUS -

Arrangements for the allocation of annual grants from the Anonymous Donors' Christmas Season Coal Fund and Goodall Trust, the Gardiners' Charitable Trust, Cunningham Bequest, and McGregor Bequest were carried out. In all 201 persons benefited from these Trusts.

Several voluntary organisations co-operated with the Department by submitting lists of beneficiaries under their schemes. This made it possible to have a wider and fairer distribution of gifts.

FREE SCHOOL MEALS -

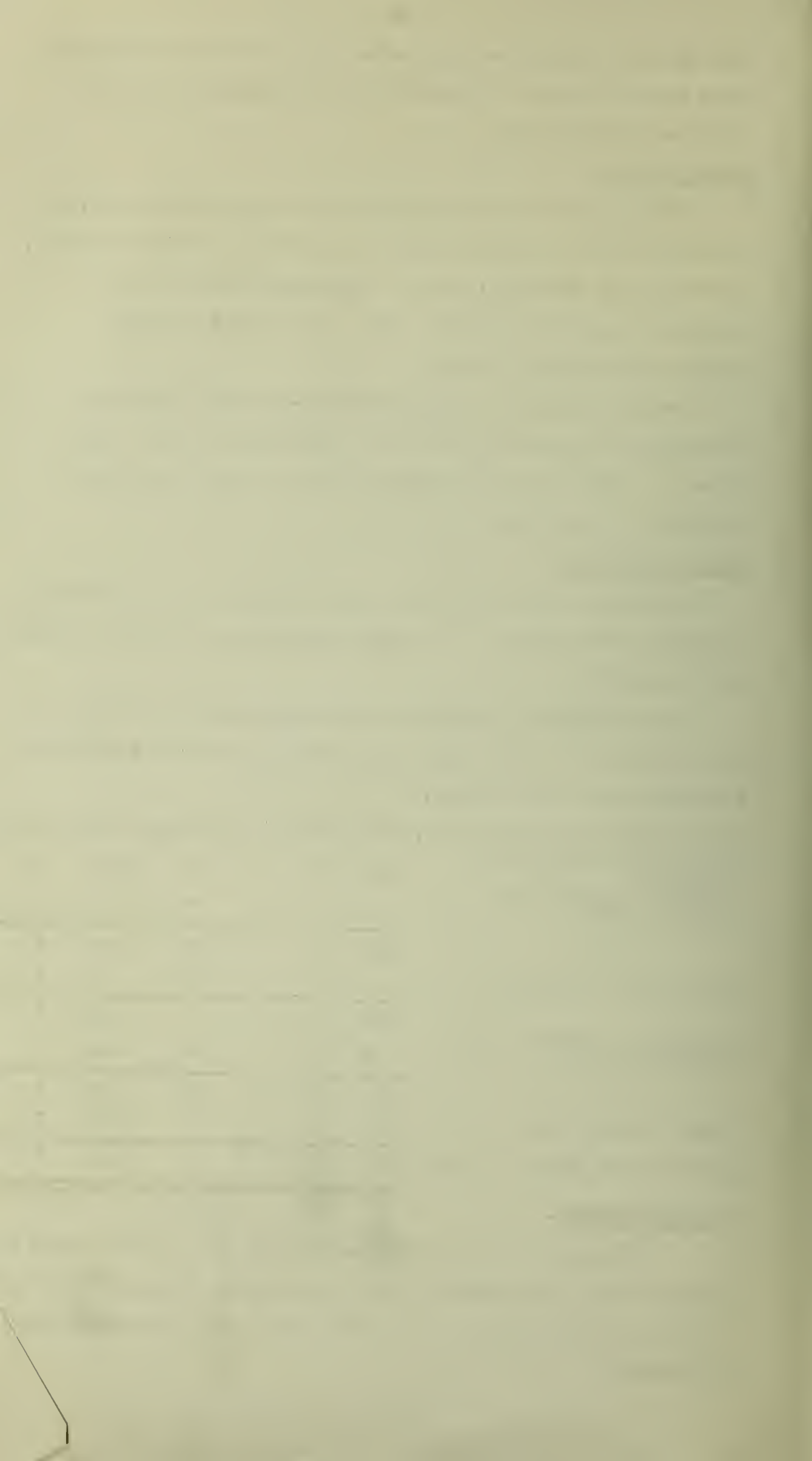
One hundred and twenty new applications were investigated, involving 291 children. Of these applications 118 were granted and 2 refused.

At the beginning of 1960, 375 children were in receipt of free meals, and at 31st December, 1960 there were 456 children receiving free school meals.

Received Free Meals 31:12:59.	139	families	involving	375	children
Applications investigated in 1960	120	"	"	291	"
Additions to previous applications	-	"	"	29	"
	259	"	"	695	"
Applications refused	2	"	"	2	"
	257	"	"	693	"
Applications granted at reduced rates	7	"	"	30	"
	250	"	"	663	"
Ceased during year	85	"	"	207	"
Received Free Meals 31:12:60.	165	"	"	456	"

ACKNOWLEDGMENTS -

I would like to gratefully acknowledge the support given by members of the Town Council, the co-operation of my colleagues, and the services carried out by all members of the Social Services Department/



Department Staff, including staffs in charge of Corporation Homes. I would also like to acknowledge the co-operation of the various Government Departments, particularly the National Assistance Board, and the assistance of many voluntary workers.

